

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form  
(CRF)?::

Number of copies CRF::

Title:: COMPOSITIONS, METHODS AND  
ASSAYS RELATED TO SECRETASE  
CLEAVAGE SPECIFICITY

Attorney Docket Number:: UNI919/4-006US

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 8

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: C.

Family Name:: Südhof

Name Suffix::

City of Residence::

State or Province of

Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of

mailing address::

Country of mailing

address:: US

Postal or Zip Code of  
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: US

Status:: Full Capacity

Given Name:: Qiming

Middle Name::

Family Name:: Li

Name Suffix::

City of Residence::

State or Province of  
Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of  
mailing address::

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address::

## **Correspondenc Information**

Correspondence Customer

Number:: 22892

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing  
address::

Country of mailing address::

Postal or Zip Code of mailing  
address::

Phone number::

Fax Number:

E-Mail address::

## **Representative Information**

Representative Customer	22892	
Number::		

-OR-

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
<b>Primary or Associate</b>		

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

Assignee name::                      The University of Texas Southwestern  
Medical Center

Street of mailing  
address::                      5323 Harry Hines Blvd., Rm. NB2.200

City of mailing address::              Dallas

State or Province of  
mailing address::              Texas

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

75390-9094